



ENLIST NOW

BOOK YOUR D-DAY MEMORY TOUR

LUXURY REGISTRATION FORM

JPP Holdings, LLC
 800 Jeffery street, suite 211
 BOCA RATON, FL 33487
 FLORIDA – UNITED STATES
 T:001 561-409-4036
 Toll Free: 1-844-276-1611
 Fax: 1-844-549-1643
 email: info@ddmtusa.com



TRAVELER INFORMATION

Title	First name	Last Name (same on your passport)	Date of birth	Nationality

CONTACT INFORMATION

Address: _____

City: _____ ZIP: _____ Country: _____

State: _____ e-mail: _____ Emergency contact Name and Phone: _____

Home phone: _____ Cell Phone: _____

SELECT YOUR TOUR (Check the box)

LUXURY <input type="checkbox"/>	LUXURY (07 days) VIP Immersion Price Per Pers. \$5,990.00 + 950 single <i>\$6,450.00 for D-DAY Anniversary D.O. Only No Single Option*</i> This is a luxury Tour that includes spending the nights in beautiful and comfortable places. It is the best way to discover the D-Day battlefields in a first-class condition.
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ROOMS (Check the box)

Single 1 bed 1 pers. With sup. <input type="radio"/>	Twin 2 beds for 2 pers. <input type="radio"/>
Double 1 bed for 2 pers. <input type="radio"/>	Other option accept to share a room. <input type="radio"/>

PERSONAL INFORMATION (for your equipment)

Shoes size: _____	Pant size: _____
Shirt size: _____	Head size : _____
Height: _____	Weight: _____

PAYMENT INFORMATION

PAY BY CREDIT CARD <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		PAY BY CHECK TO JPP HOLDINGS, LLC Amount Check enclosed deposit or full amount of: \$ _____	
I Allow Jpp Holdings LLC, to charge my deposit or Full amount \$: _____		Number of travelers: _____	
Credit card number: _____		Please make check payable to Jpp Holdings, LLC, mail or fax or e-mail this form to adress framed on this page	
Name of cardholder: _____	Exp. date: _____	CVV code _____	

PASSPORT INFORMATION

Number : _____	Del.date: _____	Exp.date: _____
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DECLARATION

I confirm that I am over 18 years old of age and on behalf of the other cutomers named on this form. I acknowledge the contract Terms and condition on the reverse of this form and agree with them.

Signature: _____	Date: _____/_____/_____ (mm/dd/yy)
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Use this form or make a copy to file your booking information

JPP holdings, LLC, is registered with the state of Florida as a seller of travel, ref No.ST40723

CALL US AT 1-844-276-1611